

# Resource Allocation and Outcomes in the Greek Health System: Convergence and Divergence within the Mediterranean Healthcare Model

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## Introduction

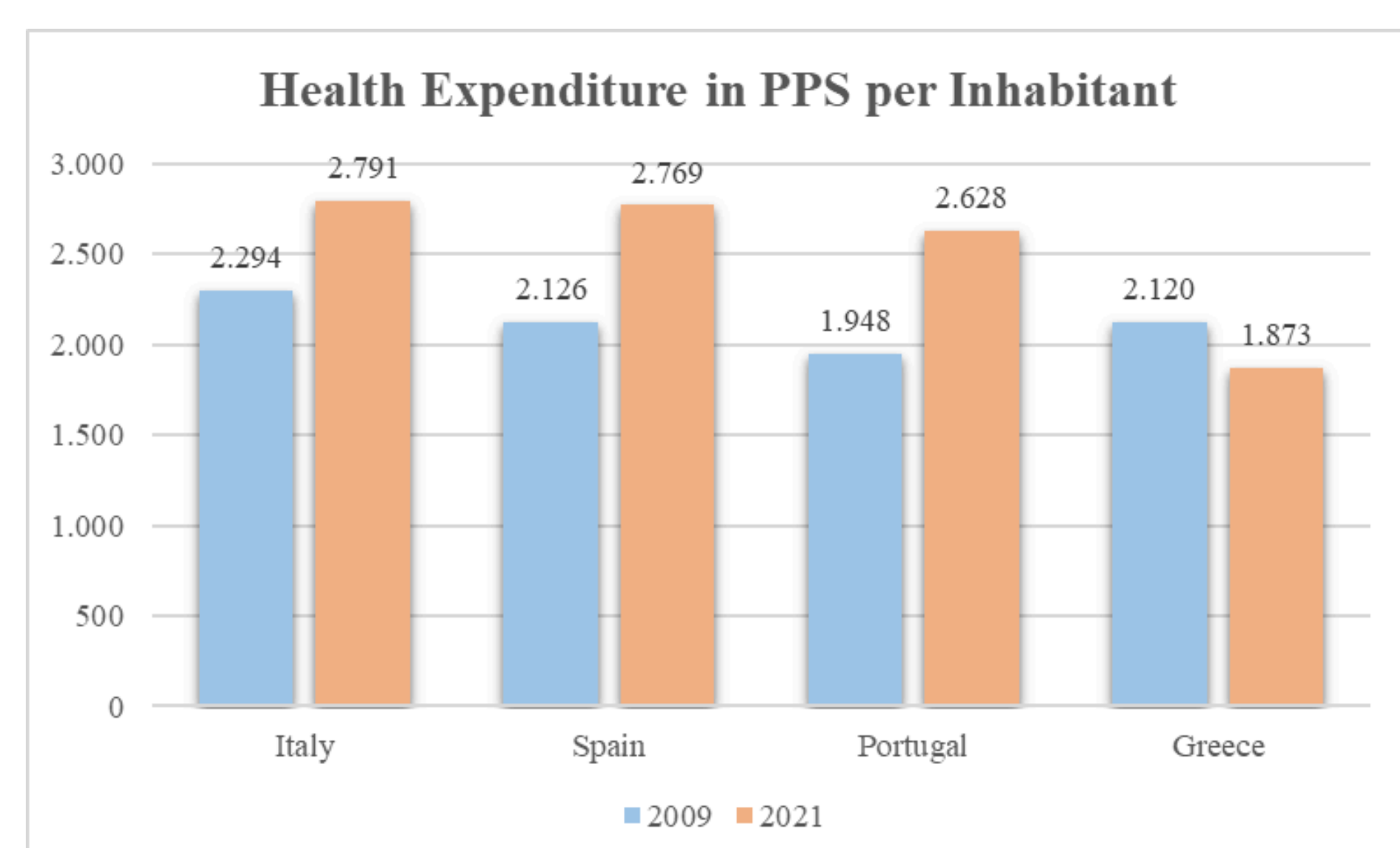
The Mediterranean Healthcare Model (Greece, Italy Spain and Portugal) is based on architectural and historical similarities; however, significant differences emerge in each country's approach to healthcare financing and expenditure, which in turn affect the accessibility, equity, and effectiveness of healthcare services.

This study compares Greece's healthcare funding allocation with the other mediterranean countries, and evaluates their justification and efficiency. with implications for potential improvements in healthcare policy and resource allocation.

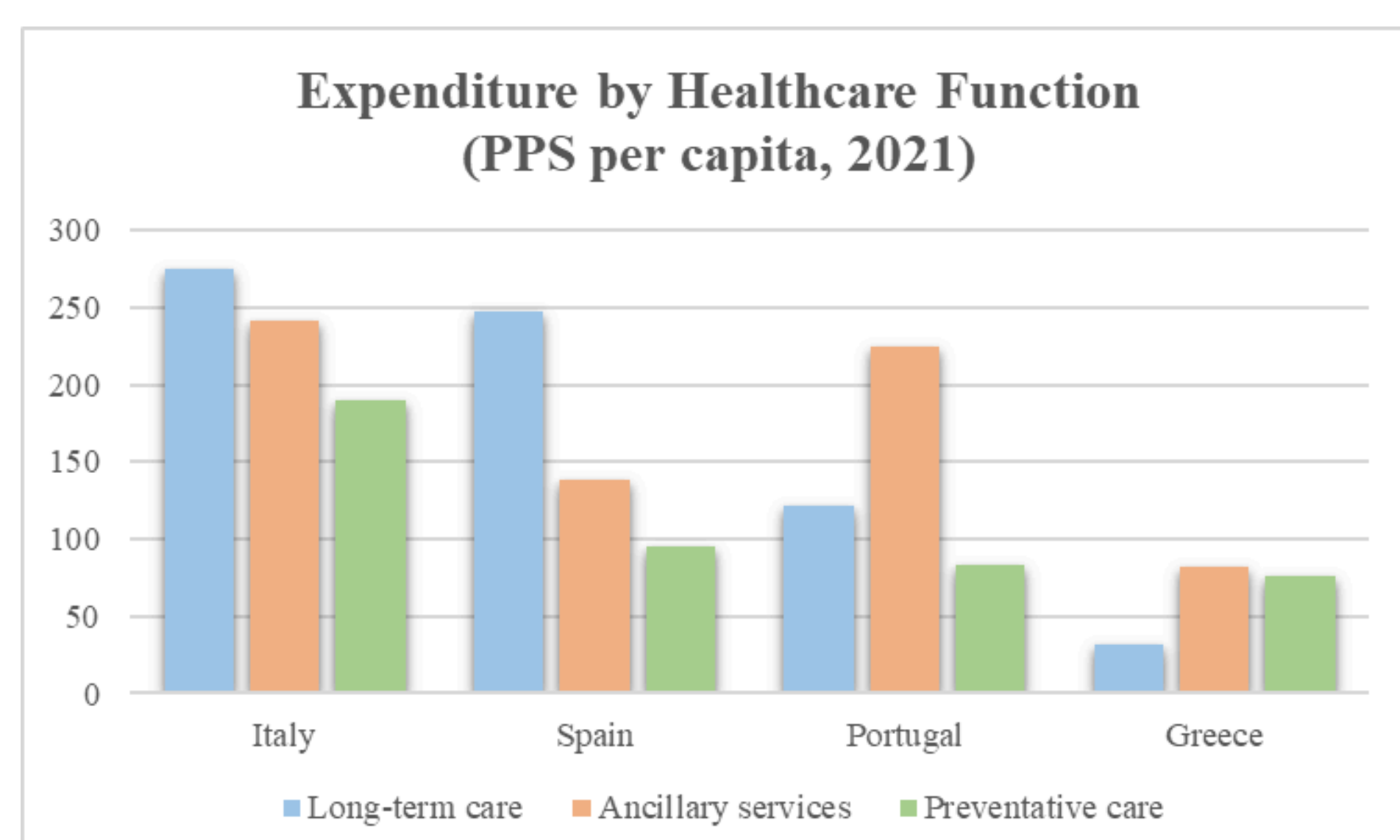
## Methods

Data on resource allocation and health outcomes were collected from the Eurostat and the OECD databases, covering the period 2009-2021 where available. Data include the financing sources of healthcare expenditure and its distribution in various functions of healthcare, expressed in PPS per capita and as a percentage of the total healthcare expenditure, in order to allow for comparisons. Moreover, data on unmet medical needs and preventable/treatable mortality have been used as indicators of health outcomes. Through descriptive statistics and correlations, the state of the Greek health system within the mediterranean healthcare model is assessed.

## Results

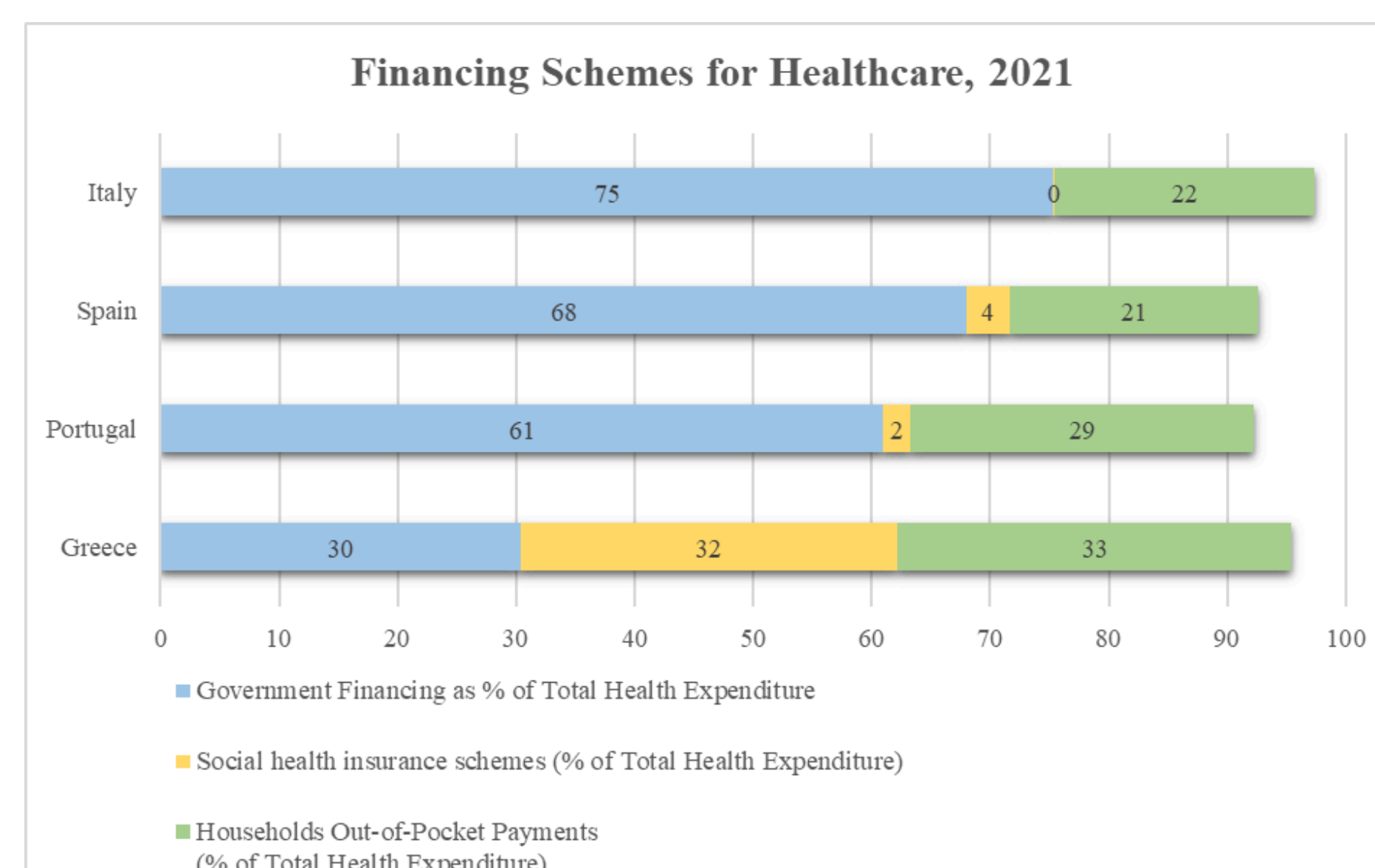


Greece has the lowest total health expenditure (THE) per capita (in PPS), and is the only country where THE per capita is lower than its 2009 level.

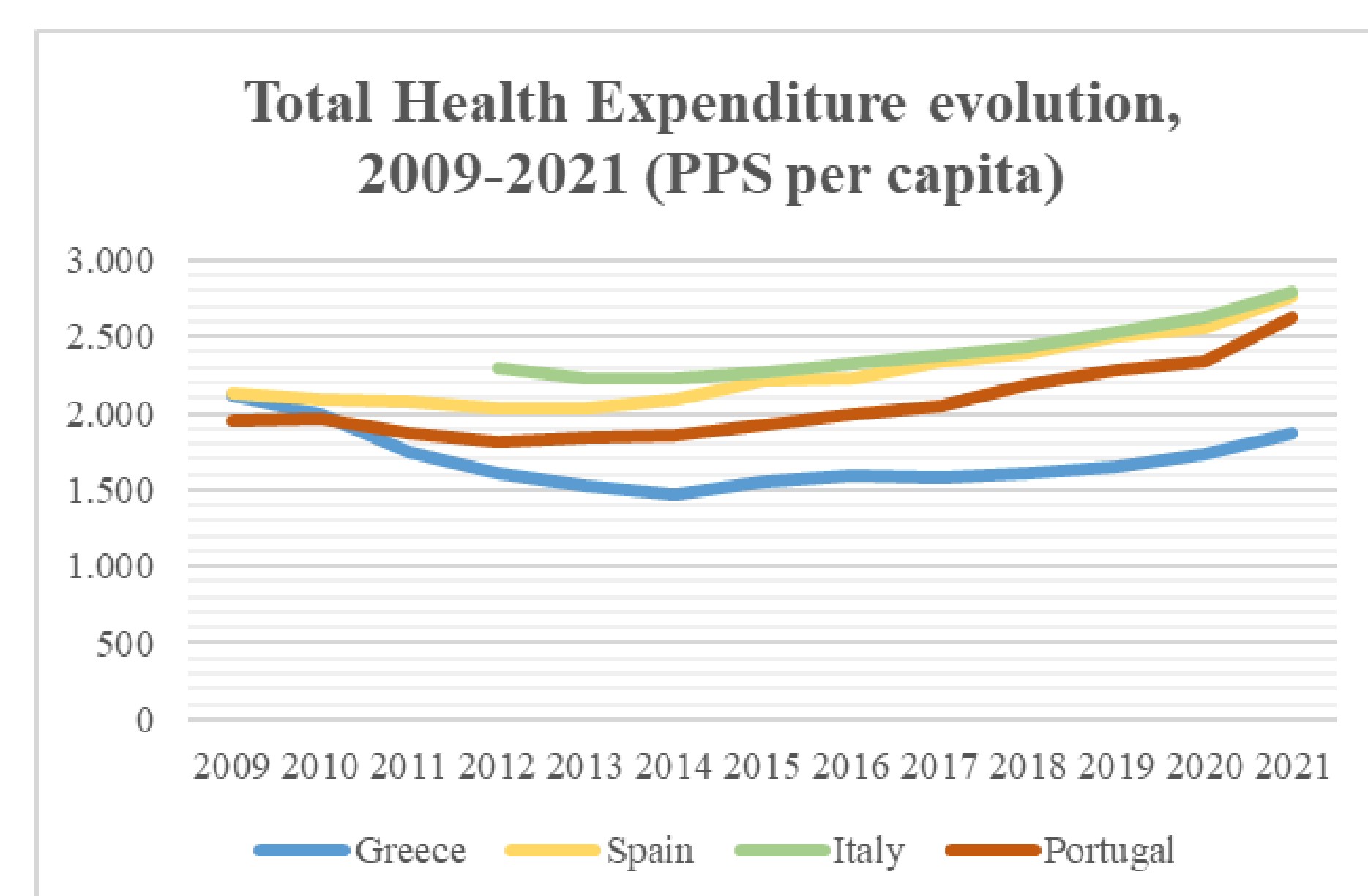
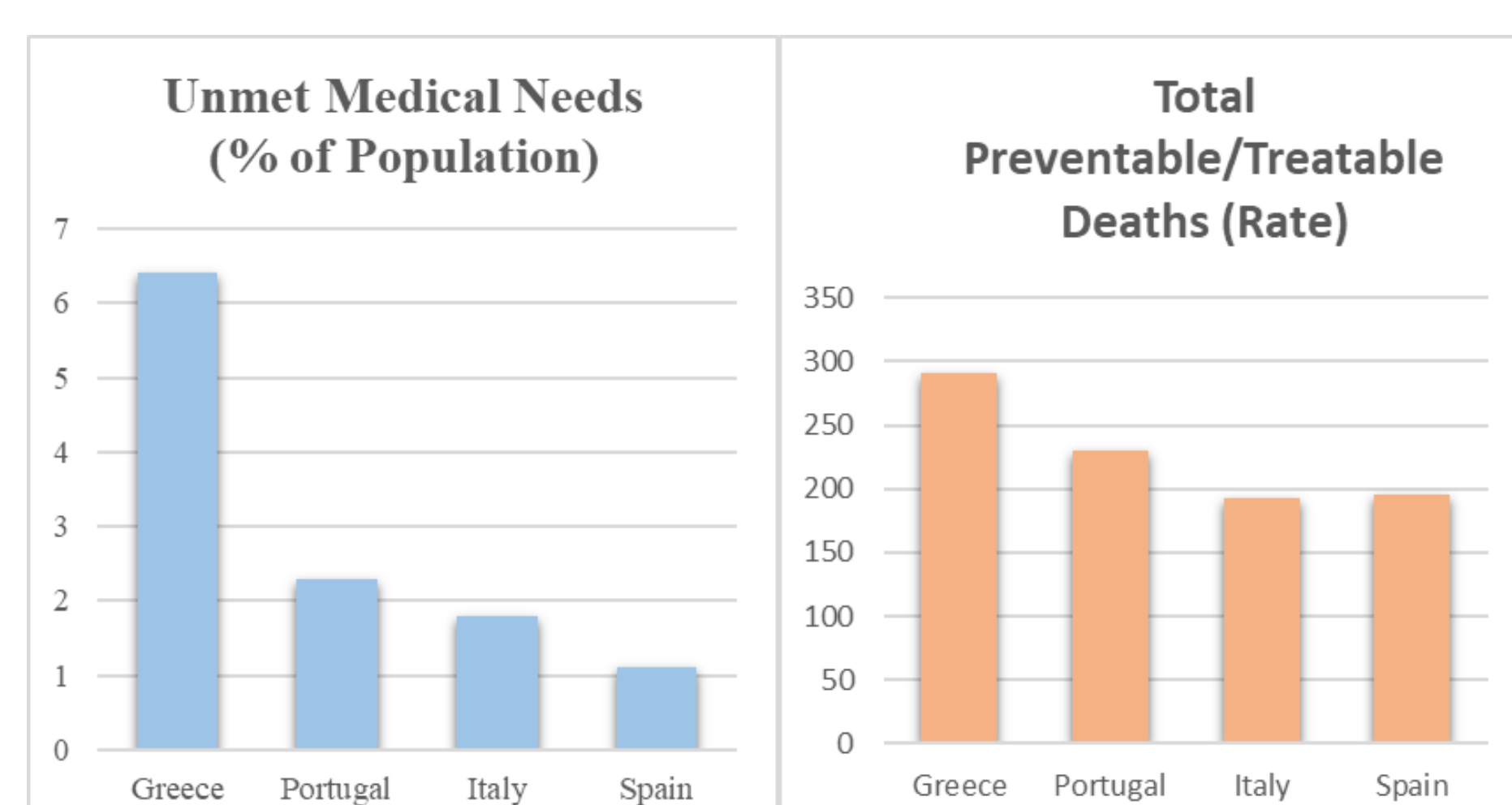


Ancillary services, long-term and preventative care lag behind in terms of funding, compared to the other countries.

Unlike the other countries, where government financing accounts for 60-75% of THE, in Greece social health insurance schemes and out-of-pocket payments are the main financing mechanisms, covering about 33% of THE each.



Greece presents the highest percentage in unmet medical needs. At the same time, Greece has the highest rate of mortality in preventable and treatable diseases in the region.



All four countries were heavily impacted by the financial crisis and were forced to implement austerity measures (in various extents). Unlike Spain, Italy, and Portugal, where health expenditure per capita has recovered and is now converging at around 2.700 PPS per capita, Greece's healthcare funding remains about 13% below pre-crisis levels.

Greece's healthcare system shows a unique reliance on out-of-pocket payments, contrasting with the stronger public funding seen in Italy, Spain, and Portugal. This funding structure results in higher unmet medical needs and preventable mortality in Greece, highlighting critical disparities within the Mediterranean healthcare model.

## Conclusions

Despite adopting the Mediterranean model's foundations, Greece deviates in key aspects concerning the financing mechanisms and the allocation of the funds. The severe lack of investment on crucial aspects of healthcare raises questions on the decision-making framework, and whether it produces evidence-based policies. A multicriteria approach is needed for documenting priority setting and resource allocation in the Greek health system.

## Acknowledgments



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